

TOWN OF LAC du FLAMBEAU MOVING PERMIT
BOX 68, LAC du FLAMBEAU, WI 54538
PHONE 715-588-3358; FAX 715-588-7923

The undersigned owner here applies for a permit as herein described to be located on this property described on this application. Upon approval the owner agrees that all structures and work performed on this property will conform to or exceed the minimum requirements in the Lac du Flambeau Comprehensive Zoning Ordinance 93-4 and all other applicable local ordinances in addition to all other codes and laws of the State of Wisconsin. Upon approval of this application the owner agrees that should a violation be found by the Zoning Administrator, said violation from the date of notification will, within 30 days or less, be corrected at the owner's expense; otherwise each day thereafter shall constitute a separate offense. The Zoning Administrator shall have access to the premises or property and exercise duties at reasonable hours.

DATE: _____ COMPUTER NUMBER: _____

OWNER'S NAME: (print) _____

MAILING ADDRESS: _____

_____ PHONE: _____

MOVING COMPANY NAME & ADDRESS: (print) _____

_____ PHONE: _____

SITE ADDRESS: _____

DIRECTIONS: _____

LEGAL DESCRIPTION _____ 1/4 _____ 1/4, GOVT. LOT, _____, LOT _____, SEC _____, TOWN _____ N, RANGE _____ E

ZONING DISTRICT: _____ DATE OF MOVE: _____

DESCRIPTON OF STRUCTURE(S): _____

ADDRESS MOVING FROM: _____

ADDRESS MOVING TO: _____

ROUTE: _____

BOND: YES _____ NO _____ A \$1000.00 BOND OR INSURANCE IS REQUIRED. THIS WILL BE RETURNED ONCE IT HAS BEEN DETERMINED THAT NO INDEMNIFYING JUDGEMENTS, COSTS AND EXPENSES MIGHT BEEN ACCURED AGAINST THE TOWN OF LAC DU FLAMBEAU.

(Owner's signature, required)

(Agent signature)

*****FOR OFFICE USE ONLY*****

PERMIT FEE: \$35.00 _____ PERMIT # _____

APPROVED/DENIED _____ DATE: _____

(Zoning Administrator)

NOTES: _____

OTHER COUNTY (715-479-3620) AND/OR STATE PERMITS MAY BE REQUIRED
UNDER PENALTY OF LAW, NO WORK IS TO BEGIN UNTIL PERMIT HAS BEEN APPROVED
AND CARD HAS BEEN POSTED AT ENTRANCE TO PROPERTY.

SHOW PROPERTY DIMENSIONS AND LOCATION OF STRUCTURE(S) ON REVERSE SIDE OF PERMIT

**-IMPORTANT PLEASE READ THIS-
SITE PLAN – REQUIRED INFORMATION**

Building setback on Federal, State and County Highways regulated by the County Zoning Administrator. Building setback on Town roads are regulated by the Town Board. Attach or draw a sketch showing the location of all of the following:

BUILDINGS/STRUCTURES, SEPTIC SYSTEM, WATER WELL, ROADS, WATERWAYS, LOT LINES, LOT DIMENSIONS, DRIVEWAY, the dimensions of each and the setbacks in feet from each of the aforementioned. Indicate NORTH.

I, (print)_____, hereby certify that all of the information, measurements and drawings contained in this permit application are true and correct, and that no additions, subtractions or changes therefrom shall occur without the express written approval of the local zoning authority and/or the county zoning authority. Furthermore, all individuals involved in the planning, building or any installations are knowledgeable of all of the information contained herein, and I will personally inform all individuals involved to insure that all information contained herein is known to them and must be followed exactly without deviation therefrom.

Signed _____ Date _____

